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| **XFLHR299.08A** | **APPLICATION FOR EMPLOYMENT WITH RESORTS WORLD CRUISES**  **PART I**  **CANDIDATE'S INFORMATION SHEET** | | | | | | | | |  |  |
| POSITION/S APPLIED FOR: | | (1) | | |  | | EXPECTED SALARY: | | **USD** | | |
| (2) | | |
|  | | | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | |
| FULL NAME (In English)  (as per Passport) |  | | | | | | (In Chinese - if applicable) | | | | |
| NATIONALITY (as per Passport): | | | | DATE OF BIRTH (dd/mmm/yyyy): | | | | | | | |
| AGE: | GENDER:  Male  Female | | | WEIGHT (in kg): | | | | HEIGHT (in cm): | | | |
| PERMANENT ADDRESS: | | | | | | | CONTACT DETAILS:  Home Tel. Number: Mobile Phone Number: Email Address: | | | | |
|  | | | | | | | | | | | |
| **EDUCATIONAL BACKGROUND** | | | | | | | | | | | |
| LEVEL | | NAME OF INSTITUTION/SCHOOL | | | YEAR FROM/TO | | | QUALIFICATION OBTAINED | | | |
| SECONDARY/HIGH SCHOOL | |  | | |  | | |  | | | |
| DIPLOMA/DEGREE COURSE | |  | | |  | | |  | | | |
| OTHERS: | |  | | |  | | |  | | | |
|  | | | | | | | | | | | |
| **LANGUAGES** | | | | | | | | | | | |
| Put a "" on the appropriate box | **Speaking** | | | **Reading** | | | | **Writing** | | | |
| GOOD FAIR POOR | | | GOOD FAIR | | POOR | | GOOD FAIR POOR | | | |
| ENGLISH |    | | |   | |  | |  | |  |  |
| MANDARIN |    | | |   | |  | |  | |  |  |
| CANTONESE |    | | |   | |  | |  | |  |  |
| OTHERS |    | | |   | |  | |  | |  |  |
|  | | | | | | | | | | | |
| **COMPUTER LITERACY/SKILLS** | | | | | | | | | | | |
| Computer Software:  (e.g MS Word/Excel/Powerpoint/Adobe/Autocad etc.) | | | |  | | | | | | | |
| Other Skills relevant to the position: | | | |  | | | | | | | |
|  | | | | | | | | | | | |
| **OTHER RELEVANT SKILLS** (please specify. e.g., singing, dancing, acting, etc.) | | | | | | | | | | | |
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| **WORKING EXPERIENCE** (start with the most recent) | | | | | | | | | | | |
| NAME OF COMPANY | | | YEAR EMPLOYED (FROM/TO) | | POSITION HELD | | | | SALARY | | |
|  | | |  | |  | | | |  | | |
| State Responsibilities: | | | | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | |
| NAME OF COMPANY | | | YEAR EMPLOYED (FROM/TO) | | POSITION HELD | | | | SALARY | | |
|  | | |  | |  | | | |  | | |
| State Responsibilities: | | | | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | |

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| **PERSON TO CONTACT IN CASE OF EMERGENCY** | | | | | | | |
| NAME: | RELATIONSHIP: | | | | | CONTACT NO | |
| ADDRESS: | | | | | | | |
|  | | | | | | | |
| **DECLARATION** | | | | | | | |
| **Please answer the following questions:**  *(put a*  *on the appropriate space)* | | | **YES** | **NO** | **If YES, please elaborate.** | | |
| 1. Have you been employed by any of its subsidiaries? | | |  |  | Position: | |  |
| Company: | |  |
| From/To: | |  |
| 2. Have you been subjected to any disciplinary action in your previous employments? | | |  |  | If YES, please elaborate. | |  |
| **Resorts World Cruises is committed to a transparent and fair application process. No fees or other charges for seafarer recruitment or placement or for providing to seafarers are borne directly or indirectly, in whole or in part, by seafarer, other than the cost of the seafarer obtaining a national national statutory medical certificate, the national seafarer’s book and a passport or other similar personal travel documents, not including, however, the costs of visas which shall be borne by the ship owner.** | | | | | | | |
| **CONFIRMATION** | | | | | | | |
| 1. I hereby declare and confirm that to the best of my knowledge and belief, the information given in this application is correct. I also understand that if it is subsequently disclosed that I have wilfully given incorrect information or withheld information, my application shall be disqualified or if I have been appointed, the Company shall terminate my employment with immediate effect. All related costs incurred shall be at my own expense. 2. I hereby give my consent to the collection and processing of my personal information for the purpose of processing my employment. I understand that my data will be treated confidentially and in accordance with the Company Data Privacy Act. | | | | | | | |
|  | | | | | | | |
| SIGNATURE OF APPLICANT |  |  | | | | | |
| NAME: |  |
| DATE : |  |